

GARLAND

Code Compliance

Permit Application For Single Family Rental Property

Received Date:

Receipt No. :

Permit No. :

Expiration Date:

☐ I HAVE ATTENDED THE CERTIFIED TRAINING PROGRAM

If you have not attended, please visit our website at www.ci.garland.tx.us or call 972-485-6400 for more information

- ☐ Initial Application
☐ Renewal Application With Updates
☐ Renewal Application – All Information Remains Unchanged
☐ Contract for Deed Date of Deed: _____

INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED.

Address of Single Family Rental Property: _____ Unit # _____

Number of Bedrooms: _____

OWNER INFORMATION

(A) OWNER/INDIVIDUAL				(B) OWNER/COMPANY, CORPORATION PARTNERSHIP			
Name:				Legal Name			
				/Trade Names:			
Residence Address:				Address:		P.O. Box:	
		Box/Unit/Apt:					
City:				City:			
State:		Zip:		State:		Zip:	
Date of Birth:				Registered Agent			
				/Managing Partner:			
Driver's License #:				Driver's License # :		Date of Birth:	
DL Issuing State:				Mailing Address To Accept Service of Process :			
Home Phone:				Home Phone:			
Work Phone:				Work Phone:			
Mobile Phone:				Mobile Phone:			
Fax Number:				Fax Number:			
E-Mail Address:				E-Mail Address:			

Total number of single family rental properties in Garland you own: _____

MANAGEMENT COMPANY (If Applicable):

Management Company: _____
Agent's Name (Natural Person): _____
Business Address: _____
City: _____ Zip: _____
Home Phone: _____ Mobile Phone: _____
Work Phone: _____ E-mail Address: _____
Fax Number: _____

Total number of single family rental properties in Garland you manage:

OCCUPANTS:

Tenant's Name(s): _____

PRIMARY TENANT CONTACT INFORMATION

Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Fax Number: _____
E-mail Address: _____

I hereby certify that all information has been reviewed and is complete and correct.

I hereby agree to abide by the City of Garland's Single Family Rental Property Ordinance as a condition of being issued a permit. I understand that this permit is not transferable to another person or entity.

I hereby certify that the single family rental property that is the basis of this application is equipped, as of the date of this application, with smoke detector devices that are in proper working order with a minimum of one per floor and in each sleeping area.

OWNER OR AGENT SIGNATURE TITLE DATE

Please Specify Where To Direct All Correspondence:

Name: _____,

Address _____.

**MAIL COMPLETED APPLICATION AND CHECK OR MONEY ORDER IN THE AMOUNT OF
\$55.00 PAYABLE TO: "CITY OF GARLAND" MAILING ADDRESS: City of Garland
Code Compliance Division
210 Carver Street Suite 101
Garland, TX 75040
972-485-6400 Phone, 972-485-6429 Fax**